



298 W Washington, Stephenville, TX 76401 (254) 918-1215 Fax (254) 918-1207

RETAIL FOOD SERVICE PERMIT APPLICATION

DATE _____ / ____ / _____

NAME OF ESTABLISHMENT _____

ADDRESS OF ESTABLISHMENT _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

TELEPHONE NUMBER OF ESTABLISHMENT _____

LEGAL DESCRIPTION OF PROPERTY (EX.: City Addition: block 146; lot 60) _____

PROPOSE USE: _____ ZONING _____

EX.: grocery, retail, restaurant, etc.)

(EX.: B-2 "Retail and Commercial Business District)

NAME OF ESTABLISHMENT OWNER _____

OWNER PHYSICAL ADDRESS _____

OWNER CONTACT NUMBER _____ OWNER ID #: ST _____ # _____

EMAIL ADDRESS _____

PROPERTY OWNER (if different) _____

PROPERTY OWNER ADDRESS _____

PROPERTY OWNER CONTACT NUMBER _____

Please include a photocopy of your current IDENTIFICATION CARD and Texas Food Manager's Certificate when submitting this application and payment.

The manager's original certificate is required to be posted in the establishment in a location conspicuous to consumers. The manager certification requirement was authorized by §437.0076 of the Texas Health and Safety Code and 25 TAC §229.177(b). Information pertaining to the Food Manager's Certificate can be found at: www.dshs.state.tx.us/foodestablishments/cfm.shtm

By signing, you are affirming the above information given is legal and accurate.

SIGNATURE OF APPLICANT _____